

KULSHAN PTSA
Reimbursement Request

Today's Date: _____

PAYABLE TO: _____ **AMOUNT: \$** _____
please print

Address: _____
please print ZIP CODE phone #

Your Signature: X _____

Activity/Event: _____

Dates of Activity: _____

Attach original receipt(s) and return to the PTSA box in the staff mail room and contact the Treasurer for processing. Please allow 2 weeks for reimbursement